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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,548	11/12/2003	Philip H. Spano JR.	DB000972-001	6906
24122	7590	05/18/2005	EXAMINER	
THORP REED & ARMSTRONG, LLP ONE OXFORD CENTRE 301 GRANT STREET, 14TH FLOOR PITTSBURGH, PA 15219-1425			BUTLER, MICHAEL E	
		ART UNIT	PAPER NUMBER	3653

DATE MAILED: 05/18/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Interview Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	10/706,548	SPANO ET AL.	
	<b>Examiner</b>	<b>Art Unit</b>	
	Michael Butler	3653	

All participants (applicant, applicant's representative, PTO personnel):

(1) Michael Butler. (3) \_\_\_\_\_.

(2) Edward Pencoske. (4) \_\_\_\_\_.

Date of Interview: 18 April 2005.

Type: a) Telephonic b) Video Conference  
c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1, 10 and 11.

Identification of prior art discussed: \_\_\_\_\_.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Proposed claim 1 of 3/2/05 was previously searched as a previously proposed examiner's amendment and as such, claim 1 and dependent claims 10-11 would allowable per the proposed amendment of 3/2/05.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

\_\_\_\_\_  
Examiner's signature, if required